CERTIFICATE OF DEATH Vol. <u>M83</u> Page 16350 STATE FILE NUMBER

IA. NAME OF DECEDENT—FIRST B. MIDDLE STATE OF CALIFORNIA LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

2A. DATE OF DEATH (MONTH, DAY, YEAR)

2B. HOUR JOHN LELOUARN 3. SEX 4. RACE/ETHNICIT March 5, 1983 2348 6. DATE OF BIRTH Male White X November 23, 1916 8. BIRTHPLACE OF DECEDENT (STATE OR 9. NAME AND BIRTHPLACE OF FATHER California John Lelouarn : California 10. BIRTH NAME AND BIRTHPLACE OF I 11. CITIZEN OF WHAT COUNTRY 2. SOCIAL SECURITY NUMBER Adella Terry : California U.S.A. 557-07-4445 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER Married 15. PRIMARY OCCUPATION "Marge Domreis 16. NUMBER OF YEARS
THIS OCCUPATION 30 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Fork Lift Driver 18. KIND OF INDUSTRY OR BUSINESS Louisiana - Pacific 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) Lumber Druews Rd, 4 miles north (No street #) USUAL RESIDENCE 19C. CITY OF TOAN 19D. COUNTY Sprague River Klamath 20. NAME AND ADDRESS OF INFORMANT-Oregon Marge Lelouarn : Wife 21A. PLACE OF DEATH Palo Verde Hospital PLACE 21B. COUNTY Post Office Box 384 Riverside DEATH 21C. STREET ADDRESS (STREET AND NUMBER OF LOCATION) 250 North First Street 21D. CITY OR TOWN Sprague River, Oregon 97639 Blythe 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C) IMMEDIATE CAUSE 4. WAS DEATH REPORTED O CORONER! YES CONDITIONS, IF ANY, CAUSE WHICH GAVE RISE TO OF DEATH THE IMMEDIATE CAUSE, 25. WAS BIOPSY PERFORMED! STATING THE UNDER. No LYING CAUSE LAST (C) 26. WAS AUTOPSY PERFORMED! 23. DIHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE AND PLACE STATED FROM THE CAUSES STATED. No ATTENDED DECEDENT SINCE | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) (ENTER MO. DA. YR.) 28C. DATE SIGNED 28D. PHYSICIAN'S LICENSE NUMBER 28E. TYPE PHYSICIAN'S NAME AND ADDRESS 29. SPECIFY ACCIDENT, SUICIDE, ETC. 30. PLACE OF INJURY 31. INJURY AT WORK 32A. DATE OF INJURY—HONTH, DAT, YEAR INJURY INFORMA-TION 32B, HOUR 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) CORONER'S 35A. I CERTIFY THAT DEATH OCURRED AT THE HOUR, DATE AND PLACE STATED FROM MEDITED AS REQUISED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) BY: O Place Town Depth ONLY 36. DISPOSITION By: O Patric Class, Deputy 37. DATE-MONTH, DAT, YEAR 38. NAME AND ADDRESS OF CEMETERY ON CREMATORY 03/07/83 Cremation 03/10/1983 Frye Chapel & Mortuary-Crematory, Brawley, CA 40A. NAME OF PUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) 40B. LICENSE NO. Not Embalmed FRYE CHAPEL, Blythe, CA REGISTR (P)-SICK) TURE MAR"7" "REGISTRAR" This must be in red to be a * * * * * VS-11 (6-82) "CERTIFIED COPY" RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION Date of Amendments, if any MAR 081983 I hereby certify that this is a true copy of a certificate on file in the Riverside County Health Department, if the certification is in red. REGISTRA STATISTICS Allyn G. Bridge, M.D., M.P.H. Director of Health & Local Registrar STATE OF OREGON: COUNTY OF KLAMATH: ss I hereby certify that the within instrument was received and filed for record on the 22nd day of September A.D., 19 83 at 11:25 o'clock M, and duly recorded in Vol M83 , of Deeds on page 16350 . on page 1.6350 EVELYN BIEHN, COUNTY CLERK Fee \$ 4.00

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